



## CHILDREN WITH SPECIAL NEEDS FUND 2005 SUMMER CAMP SCHOLARSHIP INFORMATION

The Children with Special Needs Fund (CSN Fund) is pleased to announce its sixth annual summer camp scholarship program! Once again, scholarships are restricted to one per child every other year so more children can benefit. A limited amount of funding is available for the scholarship program so you must apply early. When scholarship funds are exhausted, all applications will be denied.

**Children (under 21) must be enrolled in, or medically eligible to enroll in, Children's Special Health Care Services (CSHCS) to receive a scholarship.** If your child is not currently enrolled in CSHCS, you must submit a letter from his/her physician detailing the medical diagnosis. Questions related to CSHCS medical eligibility should be directed to the CSHCS office in your local health department.

### **THE PARENT/GUARDIAN IS RESPONSIBLE FOR THE FOLLOWING:**

- 1. Finding the camp he/she would like the child to attend**, and making sure the chosen camp is able to accommodate the child's special needs and has a camp license issued by the State of Michigan. If the camp is operated by a university, school district or city/township parks and recreation program, it is not necessary for it to have a camp license. Camps must be located in Michigan. **The CSN Fund does not maintain a list of summer camps.**
- 2. Registering his/her child with the camp**, and having the camp fill out the attached Camp Information and Attendance Information form. This form must be submitted as an attachment to your 2005 Summer Camp Scholarship Application.
- 3. Completing the attached 2005 Summer Camp Scholarship Application**, and submitting it with the attached Camp Information and Attendance Information form (completed by the camp--see step 2 above) to:  
*Children with Special Needs Fund  
Michigan Department of Community Health  
P.O. Box. 30479  
Lansing, MI 48909-7979*

Any scholarship from the CSN Fund is not guaranteed until we issue a letter to the parent/guardian and to the camp stating that the scholarship has been awarded. **The scholarship check from the CSN Fund will be issued directly to the camp in an amount up to \$500. If there is any remaining balance, the parent/guardian is responsible for paying that amount directly to the camp. The CSN Fund will *not* reimburse a parent/guardian for a payment already made to a camp, including any deposit.**

**The CSN Fund will begin accepting applications April 1, 2005.** Additional application packets are available through your local health department or the CSN Fund, or you can download this information from our website at [www.michigan.gov/csnfund](http://www.michigan.gov/csnfund).

Questions? Call the CSN Fund, at 517-241-7420, or contact us via email at [csnfund@michigan.gov](mailto:csnfund@michigan.gov).



# CHILDREN WITH SPECIAL NEEDS FUND

## 2005 SUMMER CAMP SCHOLARSHIP APPLICATION

LOG # \_\_\_\_\_

You may apply for up to \$500 for a Summer Camp Scholarship from the Children with Special Needs (CSN) Fund. To allow more children with special needs to benefit, a child may only receive a scholarship from the CSN Fund every other year. The camper must be under 21 and enrolled in, or medically eligible to enroll in, Children's Special Health Care Services (CSHCS).

Date \_\_\_\_\_ Scholarship Amount Being Requested \$ \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ CSHCS ID# \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

CSHCS Local Health Dept/County \_\_\_\_\_ CSHCS Representative \_\_\_\_\_

Name of the Camp Your Child Would Like to Attend \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### REQUIRED CAMP INFORMATION

**THE PARENT IS RESPONSIBLE FOR REGISTERING THE CHILD WITH THE CAMP.** A camp official must fill out the attached camp form. You must submit the camp form WITH this application. A camp must be located in Michigan and have a camp license issued by the State of Michigan. However, camps operated through a university, school district or city/township parks and recreation program do not need to have a camp license and may be attended by scholarship recipients.

### APPLICATION REQUIREMENTS

**MAIL THIS APPLICATION TOGETHER WITH THE ATTACHED CAMP INFORMATION AND ATTENDANCE CONFIRMATION FORM TO:**

Children with Special Needs Fund  
Michigan Department of Community Health  
P.O. Box 30479  
Lansing, MI 48909-7979

The CSN Fund will begin accepting applications April 1, 2005.

### SCHOLARSHIP AWARD NOTIFICATION

The parent/guardian will receive a letter stating the CSN Fund's scholarship award or denial. A copy of the letter will be sent to your local health department. **Upon approval, a scholarship check will be mailed directly to the camp** with a letter explaining the CSN Fund Scholarship Program. The parent/guardian is responsible for paying any remaining balance to the camp directly and will not be reimbursed by the CSN Fund for any deposit made to the camp.

### SUMMER CAMP SCHOLARSHIP PROGRAM QUESTIONS

Contact the CSN Fund office at 517-241-7420 or email us at [csnfund@michigan.gov](mailto:csnfund@michigan.gov). You can also get help filling out this application at the CSHCS office in your local health department. Reach it toll-free by calling the CSHCS Family Phone Line at 800-359-3822.

*Do not write below this line*

\*\*\*\*\*

**Children with Special Needs Fund Comments:**

\_\_\_\_ Approve      \_\_\_\_ Deny      \_\_\_\_ Other

Signature:

Date:

\*\*\*\*\*



## **CAMP INFORMATION AND ATTENDANCE CONFIRMATION**

(Note to parent: The Camp Director or Registrar must fill out this page.

When complete, attach it to the camp scholarship application.)

\_\_\_\_\_ is attending \_\_\_\_\_  
Camper's Name Camp Name  
from \_\_\_\_\_ through \_\_\_\_\_. The fee for his/her attendance  
Date Date  
during this time is \$ \_\_\_\_\_. At this time the family has paid \$ \_\_\_\_\_.  
Amount Amount  
toward that balance as a deposit/registration, and the balance due is \_\_\_\_\_.  
Amount

I am aware that \_\_\_\_\_ has special needs related to a medical condition, and the camp is preparing to accommodate him/her.

I understand that when a child is issued a scholarship from the Children with Special Needs Fund, a notification letter is sent to the camp and the child's parent/guardian. A maximum of \$500 may be awarded per child. The parent/guardian of the camper is responsible for paying any remaining balance. I understand a check will be issued directly to the camp to pay for the scholarship.

\_\_\_\_\_  
Signature of Camp Director/Registrar

Camp Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Camp License Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Attach this form to the Children with Special Needs Fund (CSN Fund)**

**2005 Summer Camp Scholarship Application.**

For questions about this form, please contact the CSN Fund at 517-241-7420.